

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

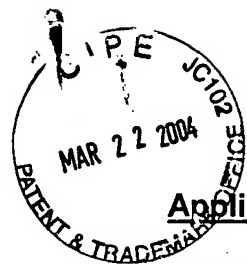
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/775,841
	Filing Date	February 9, 2004
	First Named Inventor	Farley, et al.
	Art Unit	Not Assigned Yet
	Examiner Name	Not Assigned Yet
Total Number of Pages in This Submission	Attorney Docket Number	VNUS-66556

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Application Data Sheet and postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	FULWIDER PATTON LEE & UTECHT, LLP James Juo, Registration No. 36,177
Signature	
Date	3/18/04

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the			
Typed or printed name	James Juo		
Signature		Date	March 18, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



## **Application Data Sheet**

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification:: 606/32  
Suggested Group Art Unit:: 3739  
CD-ROM or CD-R? None  
Serial No. 10/775,841  
Title:: EXPANDABLE VEIN LIGATOR CATHETER AND  
METHOD OF USE

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 13

Small Entity:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name:: Brian E.  
Family Name:: Farley  
City of Residence:: Los Altos  
State of Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 1534 Kathy Lane  
City of mailing address:: Los Altos  
State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 94024

Applicant Authority type:: Inventor  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name:: Dawn A.  
Family Name:: Henderson  
City of Residence:: Palo Alto  
State of Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 2935 Alexis Drive  
City of mailing address:: Palo Alto  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94304

Applicant Authority type:: Inventor  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name:: Christopher S.  
Family Name:: Jones  
City of Residence:: Sunnyvale  
State of Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 980 Belmont Terrace, #5  
City of mailing address:: Sunnyvale  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94086

Applicant Authority type:: Inventor  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name:: Mark P.  
Family Name:: Parker  
City of Residence:: San Jose  
State of Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 5569 Dent Avenue  
City of mailing address:: San Jose  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95118

Applicant Authority type:: Inventor  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name:: Joseph M.  
Family Name:: Tartaglia  
City of Residence:: Morgan Hill  
State of Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 15805 – D Uvas Road  
City of mailing address:: Morgan Hill  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95037

### **Correspondence Information**

Correspondence Customer Number:: 24201

### **Representative Information**

Representative Customer Number:	24201
---------------------------------	-------

### **Domestic Priority Information**

Application::	Continuity Type:	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/497,278	February 3, 2000
which is a	Divisional of	08/958,766	Oct. 26, 1997
which is a	Continuation-in-part of	08/927,251	Sep. 11, 1997

### **Assignee Information**

Assignee Name:: VNUS Medical Technologies, Inc.